1 10 43	ution Report Amounts n	may be rounded to w	/hole dollars.		
NAME OF FILER DO TO SS AREA, CODE/PHONE NUMBER I.D. NUMBER (if applicable) J408219 STREET ADDRESS CITY STATE ZIP CODE		Date of This Filing 10 -18-15 Report No		RECEIVE CALIFORNIA 497 RECEIVE For Official Use Only OCT 18 2018 CITY OF LINCOLN	
1. Contributio	on(s) Received				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIL		CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
D-17-R	Anselok. Tsakopoulos Asiliare Sacramont JA 95826	d Agencies	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	F	Check if Loan
			☐ IND☐ COM☐ OTH☐ PTY☐ SCC		☐ Check if Loan
		8	☐ IND☐ COM☐ OTH☐ PTY☐ SCC	,	☐ Check if Loan ———————————————————————————————————
Reason for Amend	dment:			**Contributor Codes IND – Individual COM – Recipient Committee (othe OTH – Other (e.g., business entity PTY – Political Party SCC – Small Contributor Committee	er than PTY or SCC)

FPPC Form 497 (Jul/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov